

QUARTERLY STATEMENT

AS OF March 31, 2010

OF THE CONDITION AND AFFAIRS OF THE

DC CHARTERED HEALTH PLAN, INC.

NAIC Group Code	0000 ,	0000	NAIC Company Code	95748	Employer's ID Number	52-1492499
	(Current Period)	(Prior Period)				
Organized under the Laws of District of Co		District of Columbia	, State of Domi	cile or Port of Entry	District of	Columbia
Country of Domicile	Uni	ted States of America				
Licensed as business type:	Life, Accident & Heal Dental Service Corpo Other[]	oration[] Vision	ty/Casualty[] Service Corporation[]) Federally Qualified? Yes[] No	Health M	, Medical & Dental Service or Inde Maintenance Organization[X]	mnity[]
Incorporated/Organized		09/12/1986	Comme	enced Business	09/12/1986	
Statutory Home Office		1025 15TH STREET NW	,		WASHINGTON, DC 20005-260	01
Main Administrative Office		(Street and Number)		STREET NW	(City, or Town, State and Zip Code)	
	WASHING	TON, DC 20005-2601	(Street ar	nd Number)	(202)408-4720	
Mail Address	(City or Town,	State and Zip Code) 1025 15TH STREET NW			(Area Code) (Telephone Numb WASHINGTON, DC 2005-260	,
		(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)	
Primary Location of Books a	nd Records			15TH STREET NW treet and Number)	1	
		N, DC 20005-2601			(202)408-3973	
Internet Web Site Address	(City, or Town	State and Zip Code) www.chartered-health.co	om		(Area Code) (Telephone Numb	ar)
Statutory Statement Contac		GABRIEL JOSEPH HAN	NΔ		(202)408-3973	
otatotory otatomont oontac		(Name)	IVA	-	(Area Code)(Telephone Number)(Ex	tension)
		artered-health.com ail Address)			(202)289-6642 (Fax Number)	
County of The officers of this reporting the herein described assets with related exhibits, schedul said reporting entity as of the Statement Instructions and A reporting not related to accoudescribed officers also include	JEFFEREY E MYRTLE RO WILLIAM JEF SE	D WATKINS, COO IITH, SVP, HEALTH PLAN S DIREC ARL THOMPSON SALIND GOMEZ FREY STRUDWICK each depose and say that the street of the said reporting entity rein contained, annexed or reabove, and of its income and Procedures manual except to the said reduction of the best adding electronic filing with the	Acting, Chief Final /ICE PRESIDENT RVS TORS OR TRUSTE ey are the described officers of a free and clear from any liens offerred to, is a full and true state deductions therefrom for the perior of the extent that: (1) state law in to of their information, knowledged.	LAVDENA A EES JOHNNIE BROOKS NICHOLAS GEORG the said reporting e r claims thereon, ex- ment of all the asse- eriod ended, and he nay differ; or, (2) the e and belief, respec-		is statement, together on and affairs of the e with the NAIC Annual e differences in this attestation by the
GABRIEI	(Signature) _ JOSEPH HANNA rinted Name) _ 1. ident and CEO (Title) n to before me this, 20		,	number	(Signature) JOE NEIL LOWRY (Printed Name) 3. Chief Financial Offic (Title) Yes[X] No[]	
			 Date filed Number of pages attac 	hed		

(Notary Public Signature)

ASSETS

		AUU		urrant Ctatamarit D	<u> </u>	
			1	urrent Statement Dat	3	4
			Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Panda			Assets		Aumilled Assets
2.	Bonds					
Z.						
3.	Mortgage loans on real estate:					
٥.	0 0					
4.	Real estate:					
4.	4.1 Properties occupied by the cor					
	4.2 Properties held for the product	tion of income (less \$0				
	,	0				
_	•	0 encumbrances)				
5.	Cash (\$21,629,387), cash equivalently to the out to the control of the contr	· ·	05.070.005		05 070 005	00 004 444
6	short-term investments (\$0)					
6.	Contract loans (including \$0	•				
7.	Derivatives					
8.	Other invested assets					
9. 10.	Receivables for securities					
11.	Aggregate write-ins for invested asset Subtotals, cash and invested assets (I					
12.	Title plants less \$0 charged	·				
13.	Investment income due and accrued.	•				
14.	Premiums and considerations:		45,421		45,421	30,410
14.	14.1 Uncollected premiums and age	ants' halances in the course of				
	•	ents balances in the course of	6 949 772		6 9/19 772	3 722 234
		alances and installments booked	0,040,772		0,040,772	3,722,234
	but deferred and not yet due (in	ncluding \$0 earned but				
	•	ns			642 026	643,836
15.	Reinsurance:	15	043,030		043,030	
15.		surers	255 767		255 767	210 612
					255,767	
	· · · · · · · · · · · · · · · · · · ·	h reinsured companieser reinsurance contracts				
16						
16.	Amounts receivable relating to uninsu	•				
17.1 17.2	Current federal and foreign income tax Net deferred tax asset					
18.						·
19.	Guaranty funds receivable or on depo Electronic data processing equipment					
20.	Furniture and equipment, including he				95,770	
20.	(\$0)	<u>-</u>	150 605	150 605		
21.	Net adjustments in assets and liabilitie			·		
22.	Receivables from parent, subsidiaries	•				
23.	Health care (\$1,944,227) and other					
24.	Aggregate write-ins for other than inve					
25.	Total assets excluding Separate Acco		4,202,401	4,202,401		
25.	Protected Cell Accounts (Lines 11 to 2		18 507 314	0 202 581	30 214 732	11 161 571
26.	From Separate Accounts, Segregated	·	40,507,514	5,252,501	05,214,752	1,401,571
20.	Accounts					
27.	Total (Lines 25 and 26)			0 202 581	30 21/ 732	A1 A61 571
	ILS OF WRITE-INS		40,307,314	9,292,301	55,2 14,7 52	41,401,571
1001.						
1002.						
1003.	0					
1098.	Summary of remaining write-ins for Lir	ne 10 from overflow page				
	TOTALS (Lines 1001 through 1003 plus DEPOSITS					
	PREPAID EXPENSES			,		
2403.	GOODWILL		1,460,583	1,460,583		
	Summary of remaining write-ins for Lin	, 0				
2499.	TOTALS (Lines 2401 through 2403 pl	us 2498) (Line 24 above)	4,262,481	4,262,481		

STATEMENT AS OF March 31, 2010 OF THE DC CHARTERED HEALTH PLAN, INC.

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
10.	\$0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans	7 920		7 920	4 514
22.	Aggregate write-ins for other liabilities (including \$0 current)				
23.	Total liabilities (Lines 1 to 22)				
24.	Aggregate write-ins for special surplus funds				
25.	Common capital stock	1			
26.	Preferred capital stock				
27.	Gross paid in and contributed surplus				
28.	Surplus notes				
29.	Aggregate write-ins for other than special surplus funds				
30.	Unassigned funds (surplus)				
31.	Less treasury stock, at cost:		X X X	0,7 41,000	3,003,100
01.	31.1	XXX	XXX		
	31.2				
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)				
33.	Total Liabilities, capital and surplus (Lines 23 and 32)				
DETAI	LS OF WRITE-INS	•		•	
2201. 2202.	UNCLAIMED CHECKS			1	
2203.					
2298. 2299.	Summary of remaining write-ins for Line 22 from overflow page	78 503		78 503	78 503
2401.		X X X	X X X		
2402. 2403.					
2498.	Summary of remaining write-ins for Line 24 from overflow page	X X X	X X X		
2499. 2901.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				
2902.		x x x	X X X		
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT AS OF March 31, 2010 OF THE DC CHARTERED HEALTH PLAN, INC. STATEMENT OF REVENUE AND EXPENSES

		Current Yea	nr To Date	Prior Year To Date 3	Prior Year Ended December 31
		1 Uncovered	2 Total	Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)	xxx	61,318,932	52,207,904	229,536,215
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	al and Medical:		0 1,0 10,002	02,201,001	
1	Hospital/medical benefits		22 635 085	20 624 449	88 999 492
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
	Sublicial (Lines 9 to 13)		33,333,041	45,700,300	213,142,313
Less:	Not also account and a		055.440	(0.040)	500.050
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
	Non-health claims (net)				
20.	Claims adjustment expenses, including \$1,426,499 cost containment expenses				
21.	General administrative expenses		4,637,745	4,357,165	18,047,136
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
	Net underwriting gain or (loss) (Lines 8 minus 23)				, ,
25.	Net investment income earned				
	Net realized capital gains (losses) less capital gains tax of \$0				
	Net investment gains or (losses) (Lines 25 plus 26)		145,562	307,154	1,081,313
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses			40,575	154,829
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)				
31.	Federal and foreign income taxes incurred	X X X	267,090	282,347	(3,281,722)
32.	Net income (loss) (Lines 30 minus 31)	XXX	420,476	483,585	(5,469,949)
0601.	S OF WRITE-INS	XXX			
0602.					
0603. 0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0701.					
0702. 0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1402.	OTHER MEDICAL CLAIMS - DML				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1498. 1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	ADMIN SERVICE FEE FOR AFFLIATED COMPANIES				154,829
2902. 2903.	ADMIN SERVICE FEE FOR CHARTERED FAMILY HEALTH CTR			.,	
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			40,575	154,829

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT	10 2410	10 240	Boomborot
33.	Capital and surplus prior reporting year	12 750 605	10 704 261	10 704 261
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	61,323	(60,775)	(662,450)
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	(809,566)		167,723
48.	Net change in capital and surplus (Lines 34 to 47)	(327,767)	422,809	(5,964,676)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,431,917	20,147,171	13,759,685
DETAI 4701.	LS OF WRITE-INS Correction of Prior Period Accounting Error	(800 566)		
4701.	CHANGE IN CAPITAL ASSETS & FIXED ASSET DEPRECIATION	, , ,		167,723
4703.	0			
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page			

CASH FLOW

	CASITIEOW			
		1 Current Year	2 Prior Year	3 Prior Year Ended
	Cook from Operations	To Date	To Date	December 31
1.	Cash from Operations Premiums collected net of reinsurance	58 102 304	54 863 325	233 545 866
2.	Net investment income			
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)			
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)			
11.	Net cash from operations (Line 4 minus Line 10)			
	Cash from Investments	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)			
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock		0	0
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	903,311	(282,559)	(7,638,773)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	903,311	(282,560)	(7,638,773)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,744,509)	685,961	(5,466,491)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1)		34,973,866	28,821,414
	Note: Supplemental Disclosures of Cash Flow Information for Non-Cash	n iransactions:		
20.00	01			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Tatal	landin dale al	0	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	Other
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total I	Members at end of:										
1.	Prior Year	88,407		20,553						67,854	
2.	First Quarter	91,002		21,935						69,067	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year		<u></u>								
6.	Current Year Member Months	269,865		62,983						206,882	
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	79,567		22,277						57,290	
8.	Non-Physician	38,114		9,604						28,510	
9.	Total	117,681		31,881						85,800	
10.	Hospital Patient Days Incurred	6,066		1,516						4,550	
11.	Number of Inpatient Admissions	1,645		302						1,343	
12.	Health Premiums Written (a)	61,693,530		11,959,090						49,734,440	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	61,693,530		11,959,090						49,734,440	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	56,984,889		8,523,521						48,461,369	
18.	Amount Incurred for Provision of Health Care										
	Services	55,099,893		8,183,521						46,916,371	<u></u>

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0.

CLAIMS UNPAID AND INCE		nalysis of Unpaid Cla			-1 ,	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Individually Listed Claims Unpaid						
HOWARD UNIVERSITY HOSPITAL	279,333	(36,470)	(2,668)	(127)	(21,777)	218,291
PROVIDENCE HOSPITAL CAREMARK		(2,442)	(403)	(7,918)	(82,907)	
WASHINGTON HOSPITAL CENTER	895,589	(32,540)	(7,440)	(28,947)	(106,543)	720,11
CHILDREN'S NATIONAL MEDICAL CENTER	567,700	(9,340)	(1,568)		(18,360)	538,43
0199999 Individually Listed Claims Unpaid	2,610,755	(80,792)	(12,079)	(36,992)	(229,587)	2,251,30
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,291,952	(70,926)	(10,604)	(32,475)	(201,552)	1,976,395
0499999 Subtotals	4,902,707	(151,718)	(22,683)	(69,467)	(431,139)	4,227,700
0599999 Unreported claims and other claim reserves						19,240,021
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						23,467,721
orocco retai ciaino cripaia						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liability			
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					3,526,745	4,032,109
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid					21,405,269	21,320,609
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)					1,944,227	3,621,825
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	22,105,069	31,257,995	882,718	22,585,003	22,987,787	21,730,893

⁽a) Excludes \$......0 loans or advances to providers not yet expensed.

Notes to Financial Statement

DC Chartered Health Plan, Inc. - Notes to Financial Statement

1.	Summary	of Significant	Accounting	Policies
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	A.	Accounting Practices
		No material change during this period.
	В.	Use of Estimates in the Preparation of the Financial Statements
		No material change during this period.
	C.	Accounting Policies
		No material change during this period.
2.		Accounting Changes and Corrections of Errors
	A.	Material Changes and Corrections of Errors
		None
3.		Business Combinations and Goodwill
		None
4.		Discontinued Operations
		None
5.		Investments
	A.	Mortgage Loans – None.
	В.	Debt Restructuring – None.
	C.	Reverse Mortgages – None.
	D.	Loan-Backed Securities – None.
	E.	Repurchase Agreements – None.
	F.	Real Estate – None.
	G.	Low Income Housing Tax Credits – None.
6.		Joint Ventures, Partnerships and Limited Liability Companies
	A.	None

7. Investment Income

B. None

TEMENT AS OF INICITOR	Notes to Financial Statement
A.	None
В.	None
8.	Derivative Instruments
	None
9.	Income Taxes
A.	No Change
В.	Not applicable.
C.	Not applicable.
D.	Not applicable.
E.	Not applicable.
F.	Not applicable.
10.	Information Concerning Parent, Subsidiaries, and Affiliates
A	J. No change during the period
11.	Debt
A -	B. None
12.	Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
	A. E. No change during the period.
13.	Capital and Surplus, Shareholders' Dividend Restrictions and Quasi- Reorganizations
	(1) None
	(2) None
	(3) None
	(4) None
	(5) None
	(6) None
	(7) None
	(8) None
	(9) None (10) None
	(11) None

Notes to Financial Statement

14.	Contingencies
	None
15.	Leases
A	None
В	. None
16.	Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk
	None
17.	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
	None
18.	Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A	None
В	. None
19.	Direct Premium Written/Produced by Managing General Agents/Third
	Party Administrators
	None
20.	Other Items
	None
21.	Events Subsequent
	None
22.	Reinsurance
A	None
В	None
\mathbf{C}	None
23.	Retrospectively Rated Contracts & Contracts Subject to Redetermination
	None

Change in Incurred Claims and Claim Adjustment Expenses

24.

Notes to Financial Statement

Reserves as of December 31, 2009 were \$25,352,718 for unpaid claims and \$760,582 for unpaid claims adjustment expenses. As of March 31, 2010, \$25.7 million has been paid for incurred claims (\$25,726,894) and claim adjustment expenses (\$771,807) attributable to insured events of prior years.

Reserves remaining for prior years are now \$882,718 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicaid and Alliance lines of insurance. Therefore there has been a \$1.27 million unfavorable (favorable) prior year development since December 31, 2009 to March 31, 2010.

The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$1.27 million of unfavorable prior year claim development.

25 .	Intercompany	Pooling	Arrangements

None

26. Structured Settlements

None

27. Health Care Receivables

A. None

B. None

28. Participating Policies

None

29. Premium Deficiency Reserves

None

30. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as req	g entity experience any mater uired by the Model Act? eport been filed with the domi		e filing of Disclos	ure of Material 1	ransactions with	the State of		Yes[] No[X] Yes[] No[] N/A[X]
	Has any change reporting entity? If yes, date of ch		of this statement in the chart	ter, by-laws, artic	les of incorporat	ion, or deed of s	ettlement of the		Yes[] No[X]
		n any substantial changes in t the Schedule Y - Part 1 - org		e the prior quarte	er end?				Yes[] No[X]
4.1 4.2	Has the reportin If yes, provide the	g entity been a party to a me le name of entity, NAIC Com ult of the merger or consolida	rger or consolidation during pany Code, and state of don	the period cover nicile (use two le	ed by this statem tter state abbrev	nent? iation) for any er	ntity that has ceas	sed	Yes[] No[X]
			1		2		3		
		N	ame of Entity		NAIC Company	Code	State of Domi	cile	
				,					
	If the reporting e or similar agreer If yes, attach an	entity is subject to a managen ment, have there been any si explanation.	nent agreement, including th gnificant changes regarding	ird-party adminis the terms of the	strator(s), manag agreement or pr	ing general ager incipals involved	nt(s), attorney-in-f ?	act,	Yes[] No[] N/A[X]
6.1	State as of what	date the latest financial exar late that the latest financial ex	mination of the reporting enti	ity was made or i	s being made.	omicile or the rea	porting entity. This		12/31/2007
	date should be t	he date of the examined bala date the latest financial exar	ince sheet and not the date	the report was co	ompleted or relea	ased.			12/31/2007
	the reporting ent date).	tity. This is the release date of	r completion date of the exa	mination report	and not the date	of the examination	on (balance shee	t .	12/31/2008
	District of Colun	nent or departments? nbia Department of Insurance	e, Securities and Banking.						
	filed with Departr	I statement adjustments within the local ments?		·		n a subsequent i	financial statemer		Yes[X] No[] N/A[]
	Has this reporting	commendations within the la g entity had any Certificates governmental entity during th	of Authority, licenses or regi			istration, if appli	cable) suspended		Yes[X] No[] N/A[] Yes[] No[X]
	If yes, give full in		a company regulated by the	Fodoral Dogory	Doord?				Vaal 1 NalVi
8.2	If response to 8.	a subsidiary of a bank holding 1 is yes, please identify the r affiliated with one or more ba	name of the bank holding con	mpany.	e Board?				Yes[] No[X] Yes[] No[X]
0.4	regulatory service Supervision (OT	3 is yes, please provide belo ses agency [i.e. the Federal F S), the Federal Deposit Insuly federal regulator.]	Reserve Board (FRB), the Of	ffice of the Comp nd the Securities	troller of the Cur	rency (OCC), the nission (SEC)] a	e Office of Thrift nd identify the		
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
				Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	. Yes[] No[X]	. Yes[] No	[X]
9.11	similar functions (a) Honest and relationship (b) Full, fair, ac (c) Compliance (d) The prompt (e) Accountabil If the response	fficers (principal executive off) of the reporting entity subje ethical conduct, including the sign curate, timely and understan with applicable governments internal reporting of violation ity for adherence to the code to 9.1 is No, please explain: if ethics for senior managers	ct to a code of ethics, which e ethical handling of actual of dable disclosure in the perional al laws, rules and regulation is to an appropriate person of	includes the follor apparent confluid reports requires;	owing standards icts of interest be red to be filed by	? etween personal v the reporting er	and professional		Yes[X] No[] Yes[] No[X]
9.21	I If the response	to 9.2 is Yes, provide inform sions of the code of ethics be	ation related to amendment((s). ecified officers?					Yes[] No[X]
9.31	I If the response	to 9.3 is Yes, provide the na	ture of any waiver(s).						
10.1 10.2	Does the repor If yes, indicate	ting entity report any amount any amounts receivable from	s due from parent, subsidiar n parent included in the Page	FINANCIA ries or affiliates o e 2 amount:		statement?		\$.	Yes[X] No[] 3,107,132
	use by another	e stocks, bonds, or other ass person? (Exclude securities and complete information rel	ets of the reporting entity loa under securities lending agr	INVESTME aned, placed und reements.)		nent, or otherwis	e made available		Yes[] No[X]
		estate and mortgages held in		chedule BA:					C
		estate and mortgages held in						\$.	(
14.1	I Does the repor	ting entity have any investme	ents in parent, subsidiaries a	ind affiliates?					Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
Cardinal Bank Urban Trust Bank	1776 K Street, Washington, DC 20006

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

2	3	4
	Date	
New Custodian	of Change	Reason
	2 New Custodian	

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
		l

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - HEALTH

 Operating Percentages: 1.1 A&H loss percent 1.2 A&H cost containment percent 1.3 A&H expense percent excluding cost containment expenses 	9
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4. If we snlease provide the balance of the funds administered as of the reporting date	\$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

			NOW INDIVIDUALITIES TROUBLES CALIFORN			
1	2	3	4	5	6	7
NAIC	Federal				Type of	Is Insurer
Company	ID	Effective			Reinsurance	Authorized?
Code	Number	Date	Name of Reinsurer	Location	Ceded	(Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			i cai to	Date - Air	ocated by	Direct Busi				
		1	2	3	4	5	6	7	8	9
		'	_			Federal	Life and Annuity	,		
			Accident and			Employees Health	Premiums	Property/	Total	
		Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)	1	l							
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)	N								
5. 6.	California (CA)	N								
7.	Colorado (CO)	N								
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)									
11.	Georgia (GA)	N								
12.	Hawaii (HI)									
13.	Idaho (ID)	N								
14.	Illinois (IL)									
15.	Indiana (IN)									
16. 17.	Kansas (KS)									
18.	Kentucky (KY)	N								
19.	Louisiana (LA)									
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)									
25. 26.	Mississippi (MS)									
27.	Montana (MT)									
28.	Nebraska (NE)	N N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)									
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35. 36.	North Dakota (ND) Ohio (OH)									
37.	Oklahoma (OK)	1	l							
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)									
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	1	l							
43.	Tennessee (TN)									
44.	Texas (TX)									
45. 46.	Utah (UT) Vermont (VT)									
46. 47.	Virginia (VA)	1								
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
54. 55.	Puerto Rico (PR)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CN)									
58.	Aggregate other alien (OT)									
59.	Subtotal		. 11,959,090		49,734,440				61,693,530	
60.	Reporting entity contributions for									
	Employee Benefit Plans						†		04 000 500	
61.	Total (Direct Business)	(a)1	. 11,959,090		49,734,440				61,693,530	
	LS OF WRITE-INS	V V V				1	ı			
5801. 5802.		X X X .								
5803.										
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .								
5899.	TOTALS (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	X X X .								

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien.

STATEMENT AS OF March 31, 2010 OF THE DC CHARTERED HEALTH PLAN, INC. SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	С	Current Statement Date				
	1	2	3			
			Net Admitted	December 31,		
		Nonadmitted	Assets	Prior Year Net		
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets		
2404. ACCOUNTS RECEIVABLES RETURNED CHECKS	29	29				
2405. ACCOUNT RECEIVABLES - OTHER	85	85				
2406. EMPLOYEE ADVANCES	28,340	28,340				
2407. LEASEHOLD IMPROVEMENTS	464,451	464,451		(263,662)		
2408. MEMBER ACUISITION						
2409. BUSINESS CONTRACTS						
2410. NOTES RECEIVABLES	756,119	756,119		263,662		
2497. Summary of remaining write-ins for Line 24 (Lines 2404 through 2496)	1,249,024	1,249,024				

SI01	Schedule A Verification
SI01	Schedule B Verification NONE
SI01	Schedule BA Verification NONE
SI01	Schedule D Verification
SI02	Schedule D Part 1B
SI03	Schedule DA Part 1 NONE
SI03	Schedule DA Verification NONE
SI04	Schedule DB - Part A VerificationNONE
SI04	Schedule DB - Part B Verification
SI05	Schedule DB Part C Section 1
SI06	Schedule DB Part C Section 2NONE
SI07	Schedule DB - Verification NONE

SCHEDULE E - Verification

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,219,928	728,156
2.	Cost of cash equivalents acquired	2,227,589	491,772
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	3,447,517	1,219,928
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	3,447,517	1,219,928

E01	Schedule A Part 2 NONE
E01	Schedule A Part 3
E02	Schedule B Part 2 NONE
E02	Schedule B Part 3 NONE
E03	Schedule BA Part 2 NONE
E03	Schedule BA Part 3 NONE
E04	Schedule D Part 3
E05	Schedule D Part 4 NONE
E06	Schedule DB Part A Section 1
E07	Schedule DB Part B Section 1
E08	Schedule DB Part D

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	MOTIL	2	epository Ba	4	4 5 Book Balance at End of Each Month During Current Quarter				9	
				Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6 First	7 Second	8 Third	
open depositories	Depository		Code	Interest	Quarter	Date	Month	Month	Month	*
THE WASHINGTON TRUST										
COMPANY OF WESTERLY	WESTERLY, RI	09/02/2010		0.021	1,287			243,494	243,924	XXX
TEXAS CHAMPION BANK FIRST BANK OF GEORIGA	ALICE, TXAUGUSTA, GA			0.021 0.021	1,287 1,287		243,065 243,065	243,494 243,494	243,924 243,924	
AMERICAN BANK AND	DAVENPORT, IA				1,287		243,065		243,924	
TRUST COMPANY NA	HELENA, MT	09/02/2010		0.021	1,164		219,868	243,494	220,645	XXX
MIDSOUTH BANK UNITED WESTERN BANK	MURFREESBORO, TN DENVER, CO	09/02/2010	 . SD	0.021 0.021	266 1,246		50,194 243,065	50,283 243,453	50,372	XXX
DAIRY STATE BANKFARMERS AND	RICE LAKE, WI	09/02/2010	. SD	0.021	1,246		243,065	243,453	243,883	
MERCHANTS BANK	TOMAH, WI	09/02/2010	. SD	0.021	1,246		243,065	243,453	243,883	xxx
MERCHANTS AND MANUFACTURERS BANK	JOLIET, IL	09/02/2010	. SD	0.021	1,246		243,065	243,453	243,883	$ _{XXX} $
MICHIGAN COMMERCE					1,246		243,065	243,453		
BANK TRISTATE CAPITAL BANK	ANN ARBOR, MI PITTSBURGH, PA	09/02/2010	. SD	0.021	1,246		243,065	243,453	243,883 243,883	XXX
HERITAGE BANK LANDMARK NATIONAL BANK	JONESBORO, AR MANHATTAN, KS	09/02/2010 09/02/2010		0.021 0.021	1,041 915		203,218	203,542	203,902	
BANK OF EVERGREEN	EVERGREEN, AL	09/02/2010	. SD	0.021	822		160,363	160,618	160,902	XXX
FIRST INTERSTATE BANK FIRST NATIONAL BANK	BILLINGS, MT	09/02/2010		0.021 0.021	766 651		149,457 127,080	149,695 127,282	149,959	XXX
MIDSOUTH BANK	MURFREESBORO, TN PANAMA CITY, FL	09/02/2010 09/02/2010		0.021 0.021	502		97,967 79,728	98,123 79,855	98,297 79,996	XXX
HORRY COUNTY STATE								·		
BANK PINNACLE NATIONAL BANK	LORIS, SCNASHVILLE, TN			0.021 0.021	140		27,396 26,493	27,440 26,535	27,488 26,582	
UNITED AMERICAS BANK BANCO POPULAR DE	ATLANTA, GA	09/02/2010		0.021	113			22,077	22,116	
PUERTO RICO		09/16/2010			1,175		238,281	238,646	239,052	XXX
BANK OF COLORADO	Glenwood Springs,CO			0.020	1,175 1,175		238,281	238,646 238,646	239,052	
BANK OF ST. AUGUSTINE	Saint Augustine, Florida	09/16/2010		0.020	1,175		238,281	238,646	239,052	XXX
BANK OF WHITMAN BRYAN BANK & TRUST	Ritzville, WA	09/16/2010 09/16/2010		0.020	1,175 1,175		238,281	238,646 238,646	239,052	XXX
COASTAL BANKCOMMUNITY FIRST BANK	Savannah, GA	09/16/2010 09/16/2010		0.020 0.020	1,175 1,175		238,281	238,646	239,052	
CORNERSTONE							,			
COMMUNITY BANKEASTERN OREGON BANK	Chattanooga, TNOntario, OR	09/16/2010		0.020 0.020	1,175 1,175		238,281 238,281	238,646	239,052	
FAIRFIELD NATIONAL BANK FIRST BANK	Fairfield, CT	09/16/2010 09/16/2010		0.020 0.020	1,175 1,175		238,281	238,646	239,052	XXX
FIRST SECURITY TRUST	·									
BANKFIVE STAR BANK	Florence, KY	09/16/2010		0.020 0.020	1,175 1,175		238,281 238,281	238,646	239,052	
GRAND BANKLEADERS BANK	Tulsa, OK	09/16/2010 09/16/2010		0.020 0.020	1,175 1,175		238,281 238,281	238,646	239,052	XXX
LONE START STATE BANK	·				,					
OF WEST TEXAS	Lubbock, TXBridgewater, NJ	09/16/2010		0.020 0.020	1,175 1,175		238,281 238,281	238,646	239,052	
MIDWEST BANK OF WESTERN ILLINOIS	Monmouth, IL	09/16/2010		0.020	1,175		238,281	238,646	239,052	
PARK AVENUE BANK	Valdosta, GA	09/16/2010		0.020	1,175		238,281	238,646	239,052	XXX
PILOT BANKSTONEGATE BANK	Brandon, FL	09/16/2010 09/16/2010		0.020 0.020	1,175 1,175		238,281	238,646 238,646	239,052	XXX
THE PRIVATE BANK AND TRUST COMPANY	Chicago, IL	00/16/2010		0.020	1,175		238,281	238,646	239,052	
UMPQUA BANK	Portland, OR	09/16/2010		0.020	1,175		238,281	238,646	239,052	XXX
VILLAGE BANK & TRUST PINNACLE NATIONAL BANK	Arlington Hts, IL	09/16/2010 09/16/2010		0.020 0.020	1,175 1,045		238,281 211,815	238,646 212,140	239,052 212,500	
CENTRAL BANK & TRUST COMPANY	Lexington, KY			0.000	946		191,934	192,229	192,555	
VISION BANK	Foley, AL	09/16/2010		0.020	782		158,635	158,878	159,148	XXX
BIG SKY WESTRN BANK FIRST INTERSTATE BANK	Bozeman, MT			0.020 0.020	446		90,343 88,978	90,481	90,635 89,266	
CASS COMMERCIAL BANK	Bridgeton, MO	09/16/2010		0.020	98		19,960	19,991	20,025	XXX
PEOPLES BANKBANK OF KANSAS	Troy, MOSOUTH HUTCHINSON, KS	09/16/2010 12/08/2010		0.020 0.016	53 920		10,790	10,807	10,825	
BORREGO SPEINGS BANK	LA MESA, CA	12/08/2010		0.016	920		235,031	235,317	235,634	xxx
BUSINESS FIRST BANK	BATON ROUGE, LA			0010	920		235,031	235,317	235,634	
CENTRAL BANK OF LAKE OF OZARKS	OSAGE BEACH, MO	12/08/2010		0.016	920		235,031	235,317	235,634	
EMPIRE NATIONAL BANK	ISLANDIA, NY	12/08/2010 12/08/2010		0.016 0.016	920	1	235,031	235,317 235,317	235,634	
FIRST COMMINITY BANK	GLASGOW, MT	12/08/2010		0.016	920		235,031	235,317	235,634	XXX
FIRST STATE BANKFLAGSTAR BANK	UNION CITY, TN FSB, TROY	12/08/2010 12/08/2010		0.016	920	I I	235,031	235,317	235,634 235,634	
HILLS BANK AND TRUST COMPANY	HILLS, IA			0.016	920			235,317	235,634	
HYED PARK BANK	CHICAGO, IL	12/08/2010		0.016	920		235,031	235,317	235,634	XXX
INDEPENDENT BANK	McKINNEY, TX	12/08/2010		0.016	920		235,031	235,317	235,634	λXX

SCHEDULE E - PART 1 - CASH Month End Depository Balances

		Monti	n Ena L	epository Ba	alances					
	1		2	3	4	5	Book Bala	nce at End of E	ach Month	9
						During Current Quarter			arter	
					Amount	Amount of	6	7	8	1
							O	,		
					of Interest	Interest				
					Received	Accrued				
					During	at Current				
				Rate of	Current	Statement	First	Second	Third	
	Depository		Code	Interest	Quarter	Date	Month	Month	Month	*
LYDIAN PRIVATE BANK	PALM BEACH, PL	12/08/2010		0.010	920		235,031	235,317	235,634	XXX
OAKSTAR BANK	SPRINGFIELD, MO	12/00/2010		0.016	920		235,031	235,317	235,634	1000
ORANGE COUNTY TRUST	SPRINGFIELD, WO	12/00/2010		0.010	920		255,051	233,317	233,034	^^^
COMPANY	MIDDLETOWN, NY	12/08/2010		0.016	920		235,031	235,317	235,634	XXX
PRAIRIE COMMUNITY BANK	MARENGO, IL	12/00/2010		0.016	920		235,031	235,317	235,634	
THE BANK OF ELK RIVERE	ELK RIVER, MN	12/00/2010		0.016	920		235,031			
THE BRAND BANKING	ELK KIVEK, WIN	12/00/2010		0.010	920		255,051	233,317	233,034	^^^
COMPANY	LAWRENCEVILLE, GA	12/08/2010		0.016	920		235,031	235,317	235,634	V V V
TOWN BANK	DELAFIELD, WI	12/00/2010		0.016			235,031	235,317		
TRANSPECOS BANKS	PECOS, TX	12/08/2010		0.016	920		235,031			
WEST BANK	WEST DES MONIES, IA	12/08/2010		0.016	920		235,031			
YADKIN VALLEY BANK &		, 00, _0 . 0					200,001			
TRUST COMPANY	ELKIN, NC	12/08/2010		0.016	920		235,031	235,317	235,634	$ x \times x $
SYCAMORE BANK	SENATOBIA, MS			0.016	809		206,776	207,028		
BRENTWOODBANK	BETHEL PARK, PA	12/08/2010		0.016	365		93,362	93,476		
MUTUAL OF OMAHA BANK	OMAHA, NE	12/08/2010		0.016			72,781			
DECATUR FIRST BANK	DECATUR, GA	12/08/2010		0.016	149		38,008	38,055		
NORTHWEST BANK	LAKE OSWEGO, OR	12/08/2010	l	0.016	122		31.070	31,108	31 150	XXX
MONTICELLO BANKING	,								·	
COMPANY	MONTECELLO, KY	02/08/2010	 	0.006			99,584		l	XXX
WILSHIRE STATE BANK	LOS ANGELES, CA		l	0.006			99.547			
FIRST CREDIT BANK		02/08/2010		0.008			99 359		1	XXX
FINANCIAL FEDERAL	-301	52,55,2010					·			
SAVINGS BANK	MEMPHIS, TN	02/08/2010	l	0 006	 		99 509		l	XXX
TAMALPAIS BANK	SAN RAFAEL, CA	02/08/2010		0.000			99 58/			XXX
WEST POINTE BANK		02/08/2010		n nna			99 322			XXX
CAROLINA BANK		02/08/2010		0.003			99,022			XXX
METROPOLITAN NATL BANK	NEW YORK, NY			0.000			99,454			
TOWN BANK	DELAFIELD, WI	02/08/2010		0.000			99,509			
		02/08/2010		0.000			00 247			
		02/05/2010		0.010			99,247			XXX
JACKSONVILLE BANK		05/06/2010	C .	0.000		700	00 200	99,209	00 200	1000
JACKSONVILLE BANK		05/06/2010	C .	0.000		1 450	99,209	98,381		
				0.016		1,450	98,381	98,377	98,381	
FIRST FINANCIAL BANK USA FOUR OAKS BANK AND	DAKOTA DUNES SD	05/07/2010	C .	0.016		1, 4 50	90,377	90,377	90,377	XXX
TRUST	FOUR OAKS NC	05/07/2010	C .	0.007		604	00.205	99,305	99,305	\ \ \ \ \ \
HOME STATE BANK	CRYSTAL LAKE IL	05/07/2010	C .	0.007		752	00 157	99,303	00 157	1000
DAKOTA COMMUNITY BANK				0.000		621	99,137	99,305		
NORTHERN HANCOCK BANK		05/07/2010	C .				99,305			
COMMUNITY WEST BANK		05/07/2010					99,303			
LAKE FOREST BANK AND	GOLL GOLLIA CA	03/01/2010		800.0		755	33,137	33,137	99,157	^^^
TRUST	LAKE FOREST. IL	05/07/2010	C .	0.008		665	99 256	99,256	99,256	l _{x x x}
HINSDALE BANK AND	LANCE I ONCEOTA IE	00/01/2010	0 .	0.000			55,250	55,250	33,200	^ ^ ^
TRUST	HINSDALE IL	05/07/2010	C .	0.007		621	99,305	99,305	99,305	$ x \times x $
LIBERTYVILLE BANK AND		00/01/2010	• .				•			
TRUST	LIBERTYVILLE IL	05/07/2010	C .	0.007		621	99,305	99,305	99,305	xxx
TEXAS CAPITAL BANK NA		05/07/2010						99,108	99.108	XXX
CRYSTAL LAKE BANK AND										
TRUST	CRYSTAL LAKE IL	05/07/2010	C .	0.007		621	99,305	99,305	99,305	$ x \times x $
GULF COAST COMMUNITY		00/01/2010	• .				•		,	// //
BANK	PENSACOLA FL	05/07/2010	C .	0.007		621	99.305	99,305	99,305	XXX
SEASIDE NATIONAL BANK							•		,	
AND TRUST	ORLANDO FL	05/07/2010	C .				98,912			XXX
LIBERTY BANK		05/21/2010		0.012		683		69,000	69,000	XXX
COMMUNITY BANK		05/21/2010				1,020	98,814			
KEYSOURCE COMMERCIAL									·	
BANK		05/21/2010	C .				98,717		98,717	XXX
BANK OF THE OZARKS	LITTLE ROCK AR	04/29/2010	C .	0.007		1,126	248,736			
TWON BANK		04/29/2010		0.007		675				
BANK OF MONTGOMERY	MONTGOMERY LA		C .			1,680	247,466			
FIFTH THIRD BANK		07/29/2010				1,838	247,227	247,227		
FOUR OAKS BANK AND								,	,	
TRUST	FOUR OAKS NC	07/29/2010	C .	0.010		960	148,551	148,551	148,551	XXX
AMERICAN NATIONAL BANK	WICHITA FALLS TX		C .	0.010		1,601	247,585			
MERIDIAN BANK		07/29/2010	C .	0.010		960	148,551			
GREYSTONE BANK		07/29/2010				1,601				
SEASIDE NATIONAL BANK							•			,
AND TRUST	ORLANDO FL	07/29/2010	C .	0.010		960	148,551	148,551	148,551	XXX
COMMUNITY WEST BANK		07/29/2010		0.009		865	148,695			
TRANSPORTATION							-,	,,,,,,,		,
ALLIANCE BANK	OGDEN UT	08/13/2010	C .	0.012		1.488	197,635	197,635	197,635	XXX
BANK OF KERMLIN		06/10/2010	C .			548				
FIRST AMERICAN BANK		12/07/2010				552				
WEST POINT BANK		12/07/2010	C .			435	148,531		148,531	
BANK OF MARION		12/09/2010				618	247,904			
BUCKS CNTY BANK	WARMINISTER PA		C .			618	247,904	,		
FED SAVINGS BANK		12/09/2010	C .	0.009		392	148,669	148,669		
M&T BANK NATL ASSOC		12/09/2010	C .			618	247,904			
COMMUNITY BANK		12/10/2010	C .	0.007		204	99,307	99,307	99,307	
TENNESSEE COMM BANK		01/10/2011		0.007		646	247,589			
PLANTERS BANK INC		06/10/2011				329	98,309		98,309	
MERCANTILE BANK OF		JU, 10/2011	5 .				50,009	50,509	50,509	^ ^ ^
MICH	GRAND RAPIDS MI	12/07/2011	C .	0.016		1 136	242 196	242,196	242,196	XXX
	C. V. 14D 1 V 11 1DO 1VII	.2.0112011	ı U .	1 0.010		1,100	272,130			1,,,,,

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

Month End Depository Balances 1 2 3 4 5 Book Balance at End of Each Month 9										
1				3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount	Amount of	6	7	8	1
					of Interest	Interest				
					Received	Accrued				
					During	at Current				
				Data of	0		C:unt	Casand	Thind	
	D "			Rate of	Current	Statement	First	Second	Third	*
	Depository	I	Code	Interest	Quarter	Date	Month	Month	Month	
MERRICK BANK	SOUTH JORDAN UT			0.016		1,136	242,185			
FIRST FINANCIAL BANK	EL DORADO AR CHARLESTON SC			0.016		1,102	242,473			
FIRST FED S&L ASSN	GREENWOOD DE			0.018 0.024		1,295 1,639	238,819 232,906	238,819		XXX
RIVERBANK	SPOKANE WA			0.024			232,906	232,906		
GE CAPITAL FINANCIAL INC	SALT LAKE CITY UT			0.026			225,236		225,236	XXX
AMERICAN NATL BANK	APPLETON WI	12/11/2013	C .	0.024		1,606	227,259	227,259	227,259	XXX
THE FIRST	NA DAMARRISCOTTA ME	02/05/2013		0.021		260		94,068		XXX
CAROLINA BANK	GREENSBORO NC	08/09/2013		0.020		170		93,627		
THE FIRST	NA DAMARRISCOTTA ME	08/09/2013	C .	0.021		2/5		139,711	139,711	XXX
INCE SAVINGS BAIN	C/O CARDINAL BANK, WASHINGTON DC	06/13/2011	_	0.012			250 000	250,000	250,000	XXX
BRAND BANKING COMPANY	C/O CARDINAL BANK.	00/13/2011	0 .							
	WASHINGTON DC	07/07/2011	C .	0.012	771		250,000	250,000	250,000	XXX
STANDARD B&T COMPANY .	C/O CARDINAL BANK,									
MEDDANIK OODD		12/12/2011	C .	0.016			250,000	250,000	250,000	XXX
WEBBANK CORP	C/O CARDINAL BANK, WASHINGTON DC	04/02/2012	_	0.016	1 017		250 000	250,000	250,000	y v v
AMERICAN EXPR	C/O CARDINAL BANK,								250,000	^^^
	WASHINGTON DC	12/09/2013	C .	0.028		 	250,000	250.000	250,000	XXX
	C/O CARDINAL BANK,							1		
	WASHINGTON DC	12/11/2013	C .	0.027			250,000	250,000	250,000	XXX
PARAGON COMMERCIAL	C/O CARDINAL BANK,	10/11/0010		0.000	4 000		050.000	050.000	050.000	
	WASHINGTON DC	12/11/2013	C .	0.026	1,603		250,000	250,000	250,000	XXX
BARABOO NATL BANK	C/O CARDINAL BANK, WASHINGTON DC	06/18/2012	_	0.016	1 017		250 000	250,000	250,000	XXX
FIRST BANK LEXINGTON	C/O CARDINAL BANK						·			
	WASHINGTON DC	06/18/2012	C .	0.020			250,000	250,000	250,000	XXX
FIRST BUSINESS BANK	C/O CARDINAL BANK									
		06/17/2013	C .	0.023			250,000	250,000	250,000	XXX
ALLY BANK	C/O CARDINAL BANK,	06/17/2011		0.042			250,000	250 000	250,000	VVV
CITIZENS STATE BANK	WASHINGTON DC C/O CARDINAL BANK,	06/17/2011	U .	0.013			250,000	250,000	250,000	^^^
OTTZENO STATE BANK	WASHINGTON DC	08/18/2011	C .	0.012	771		250,000	250.000	250,000	XXX
INDEPENDENT BANK	C/O CARDINAL BANK									
	WASHINGTON DC	12/18/2012	C .	0.019	1,171		250,000	250,000	250,000	XXX
LEADERS BANK	C/O CARDINAL BANK,	00/04/0044		0.040			050.000	050.000	050.000	
FIDOT COMMEDCIAL DANK	WASHINGTON DC	06/21/2011	C .	0.012	//1		250,000	250,000	250,000	XXX
FIRST COMMERCIAL BANK .	C/O CARDINAL BANK, WASHINGTON DC	06/22/2012	_	0.020			250,000	250,000	250,000	XXX
NATL BANK OF SOUTH	C/O CARDINAL BANK,	00/22/2012	0 .				·		250,000	^ ^ ^
CAROLINA	WASHINGTON DC	12/23/2011	С .	0.016			250,000	250,000	250,000	XXX
TRIAD BANK MO	C/O CARDINAL BANK,						·			
MOD HOLDINGO ING	WASHINGTON DC	12/23/2011	C .	0.016	955		250,000	250,000	250,000	XXX
WSB HOLDINGS INC	C/O CARDINAL BANK, WASHINGTON DC	12/30/2011	_	0.016	1.017		250,000	250,000	250,000	Y v v
ESSA BANK	C/O CARDINAL BANK,	12/30/2011	U .				·		250,000	_^^^
	WASHINGTON DC	02/12/2013	C .	0.017				153.000	153,000	XXX
BLOOMFILD STATE BANK	C/O CARDINAL BANK,									
LIQUINITA III COMPANIA COMPANI	WASHINGTON DC	02/19/2013	C .	0.018	336			250,000	250,000	XXX
MOUNTAIN NATIONAL	C/O CARDINAL BANK,	00/40/0040		0.000	204			050.000	250,000	VVV
HINSDALE BAND & TRUST	WASHINGTON DC C/O CARDINAL BANK,	08/19/2013	U .	0.020	J384			250,000	250,000	X X X
	WASHINGTON DC	02/25/2013	С	0 019				150 000	150,000	XXX
	C/O CARDINAL BANK,									
	WASHINGTON DC	02/25/2013	C .	0.018	201			150,000	150,000	XXX
FARMERS BANK AULT CO	C/O CARDINAL BANK,	00/07/55:	_							
ADAMONATI DANIZ	WASHINGTON DC	02/25/2013			130				172,692	
	WASHINGTON, DC WASHINGTON DC				10 926		174,471(4,556,877)	174,100 (8,815,289)		A Ā Ā
BANK OF AMERICA					10,320 N		69,228	148 491	189,467	
URBAN TRUST BANK				0.039			18,280	18,280	18,280	
0199998 Deposits in0					,	,	,			
allowable limit in any one depository (See Instructions) - open depositories			XXX	X X X						XXX
0199999 Totals - Open Depositories			XXX						21,628,587	
0299998 Deposits in										
allowable limit in any one depository (See Instructions) - suspended										
	depositories			X X X						XXX
0299999 Totals - Suspended D			XXX							XXX
0399999 Total Cash On Deposi			XXX		95,768		25,165,089	21,294,850	21,628,587	-
0499999 Cash in Company's O			XXX		. X X X .	X X X	800			XXX
0599999 Total Cash			XXX		95,768		25,165,889			
5555555 Otal Oddii		٨٨٨	55,700	70, 1 41	20, 100,009	1,200,000	1 21,020,001	$1 \wedge \wedge \wedge$		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investme	ents Owne	d End of	Current C	Quarter

1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
U.S. Treasury Bill - Cardinal Bank		01/31/2010	0.000	02/02/2010	564,332		324
US TREASURY - Cardinal Bank		01/31/2010	0.000	02/02/2010	2,864,036		1,424
US TREASURY - Cardinal Bank		01/31/2010	0.000	02/02/2010	19,149		5
8499999 Sweep Accounts					3,447,517		1,753
8599999 Other Cash Equivalents		·····					
8699999 Total - Cash Equivalents					3,447,517		1,753



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance For the Quarter Ended March 31, 2010

NAIC Group Code: NAIC Company Code: 95748

		Individual Coverage		Group C	5	
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums					
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)	X X X		X X X		
6.	Aggregate Policy Reserves - change		X X X		X X X	X X X
7.	Expenses Paid		X X X		X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

⁽a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.............0 due from CMS or \$...........0 due to CMS

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Unrealized; Q4; Q5

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